

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

Michelle Labayen
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In Re:

Carl Savage

Case No.: 20-13694

Chapter: 13

Adv. No.:

Hearing Date: 06/10/2020 10:00AM

Judge: Stacey L. Meisel

CERTIFICATION OF SERVICE

1. I, Silvia Pereyra :

☐ represent _____ in this matter.

☒ am the secretary/paralegal for Law Office of Michelle Labayen, who represents
_____ debtor _____ in this matter.

☐ am the _____ in this case and am representing myself.

2. On 04/08/2020, I sent a copy of the following pleadings and/or documents
to the parties listed in the chart below.

Motion to expunge claims of KENTUCKY HIGHER EDUCATION ASSISTANCE
AUTHORITY, Brief, Exhibit A(Proof of Claim), Exhibit B(Form B10), Exhibit C(Schedule
F) and Proposed Order

3. I certify under penalty of perjury that the above documents were sent using the mode of service
indicated.

Date: 04/08/2020

/s/ Silvia Pereyra

Signature

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
United States Bankruptcy Court District of New Jersey 50 Walnut Street, Newark, NJ 07102	Court	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Marie-Ann Greenberg Chapter 13 Standing Trustee 30 Two Bridges Rd Suite 330 Fairfield, NJ 07004	Trustee	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
U.S. Trustee US Dept of Justice Office of the US Trustee One Newark Center Ste 2100 Newark, NJ 07102	US Trustee	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Kentucky Higher Education Assistance Authority c/o Mr. Miles F. Justice, Esq. Po Box 798 Frankfort, KY 40602	Creditor	<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input checked="" type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
KHEAA c/o Gene Hutchins, CEO 100 Airport Road Frankfort, KY 40602-0798	Creditor	<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input checked="" type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)